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# REPORT ON READINESS OF PRIVATE HIGHER/SPECIALIZED MCH CLINICS AND NGO CLINICS FOR PREVENTION-OF-MOTHER- TO-CHILD TRANSMISSION (PMTCT)/MATERNAL AND CHILD (MCH) SERVICE PROVISION

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**DISCLAIMER**

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# I. BACKGROUND

Addis Ababa City Administration Health Bureau (AACAHB) is responsible for the overall coordination of health programs in Addis Ababa City Administration. The bureau works with different partners to strengthen health service delivery in both public and private facilities. In collaboration with sub-city offices and partners, the bureau supports integrated PMTCT services in almost all public facilities and 28 selected private hospitals and NGO facilities. However, the regional data showed that the PMTCT program is a challenging area where performance is consistently lower than the targets. In 2002 EC, the regional performance of PMTCT was still found to be low (AARCAHB Six Month Report). Many factors have been identified for underperformance. The lack of service expansion to all potential sites including the private sector was among the major bottle-necks. In the regional micro-planning meeting, partners reached consensus to expand PMTCT services to potentially untapped private higher/specialized maternal and child health (MCH) clinics.

USAID Ethiopia and the Private Health Sector Program (PHSP) implemented by Abt Associates had discussions with the AACAHB on the expansion plan, and all parties agreed to do a quick readiness assessment in private higher/specialized and NGO clinics which provide antenatal care (ANC) and delivery services. The team looked into the regional health facility directory and had subsequent discussions with each sub-city health office to identify potential sites with ANC/delivery services with acceptable client flow. Twenty new potential PMTCT sites and five PMTCT providing private facilities were selected for the assessment. The team also prepared an assessment checklist based on the national implementation guideline. The checklist focuses on staff composition, availability of services and infrastructure, logistics and supply management and willingness of owners /management to provide the service.

Three teams comprised of experts from AACAHB, PHSP and sub-cities were established, and the assessment was conducted between March 13-16, 2010. Facilities from eight out the 10 sub-cities were visited. Two clinics were excluded from the assessment just prior to the visit because of lack of services or facility closure. The assessment data were entered by the planning and monitoring team of the AACAHB.

## 2. OBJECTIVE OF THE ASSESSMENT

The overall objective of the assessment was to identify potentially eligible private higher/specialized MCH and NGO clinics to expand integrated PMTCT services in Addis Ababa City Administration.



### 3. METHODOLOGY

Twenty new sites and five PMTCT providing private sites were selected for the assessment. The new sites were selected purposely based on the availability of ANC/delivery services, client flow and reporting relationship with the AACAHB. Five additional PMTCT providing facilities were also assessed with the national site monitoring tool to identify achievements and forecasted challenges. The site identification for the assessment was done jointly with respective sub-city offices. The new sites identified for the assessment included: 12 higher clinics, two specialized MCH clinics, and four NGO clinics. Three assessment teams were identified and site visits were done between March 13-16, 2010. Each team consisted of one expert from the AACAHB family health sub-process, one expert from the respective sub-city, and one expert from PHSP.

Two different assessment checklists were used. The checklist for the readiness assessment in the new sites was drafted by the team and was enriched by different experts. It had six parts including;

1. General identifying information
2. Staff profile of the clinics
3. Available services and infrastructure
4. Logistics and supply management
5. Willingness of the management and owners and
6. Facility observation

The national PMTCT site monitoring tool was used for the assessment in the sites already providing PMTCT services.

## 4. RESULTS

Out of the 20 facilities selected for the assessment, the team identified 18 facilities from eight sub-cities which fulfilled the initial selection criteria. Key findings and final recommendation of the team regarding PMTCT initiation in each clinic is summarized in the following table.

	Name of the clinic	Level/type of facility	Staff available for training	MCH services available in the clinic	Average client/patient flow in the past 6 month	Willingness of the clinic to implement PMTCT	Team Observation	Recommendation
1	Germet Special MCH Clinic	Specialized MCH	Gyn/ Obs and GP Nurse/ Midwife	1 ANC L&D 2 HCT PPC FP	657 50 146	Strong Support	Provide HCT service but no register	Highly recommended to start PMTCT
2	Alafia Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	3 ANC L&D 13 HCT PPC	1500 40 1200	Strong Support	The clinic provide HCT for ANC clients and refer for prophylaxis	Highly recommended to start PMTCT
3	Tsion Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	1 ANC L&D 2 HCT PPC FP	96 80 Not filled 32	Strong Support		Recommended to start PMTCT
4	Zagol Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	3 ANC L&D 5 HCT PPC FP	84 24 192 108	Strong Support		Highly recommended to start PMTCT
5	Ethiopia Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	3 ANC L&D 3 HCT PPC FP	1488 30 83 105	Strong support		Highly recommended to start PMTCT
6	Shedho Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	2 ANC L&D 3 HCT PPC	- 180	Strong support	The clinic provide both HCT and ANC but there was no register	Not recommended
7	Awolia Health Center	NGO health center	Gyn/ Obs & GP Nurse /Midwife	3 ANC L&D 9 HCT PPC FP	432 68 - 116-	Strong support	HCT service interrupted because of lack of trained staff	Not recommended The HC doesn't have renewed license
8	Betania Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	10 ANC L&D 5 HCT PPC FP	180 - 250 30	Strong support	L&D was newly established	Highly recommended to start PMTCT

	Name of the clinic	Level/ty pe of facility	Staff available for training	MCH services available in the clinic	Average client/ patient flow in the past 6 month	Willingness of the clinic to implement PMTCT	Team Observation	Recommendation
9	Teklehimano t Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	6 12 ANC L&D HCT PPC FP	240 72 5844 350	Strong support	HCT provided in clinic No. 2	Highly recommended to start PMTCT
10	Aynalem Higher Clinic	Higher clinic	Gyn /Obs & GP/HO Nurse/ Midwife	6 5 ANC L&D HCT PPC FP	360 25 309 462	Strong support		Highly recommended to start PMTCT
11	Mary-Joy (Asko) Health Center	NGO health center	Gyn/ Obs & GP Nurse/ Midwife	1 9 ANC L&D HCT PPC FP	3000 120 1200 6000	Strong support	The HC provide HCT for ANC clients and refer for prophylaxis	Highly recommended to start PMTCT
12	Hiwote Specialized MCH Clinic	Specialize d MCH	Gyn/ Obs & GP Nurse /Midwife	2 4 ANC L&D	180 30	Strong support	Newly established MCH clinic	Recommended to start PMTCT
1	Tesfa Kokeb Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	3 7 ANC HCT PPC FP	108 260 131	Strong Support	PPM-DOTS site	Recommended to start PMTCT
2	Abenet higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	4 6 ANC HCT PPC	180 1500	Strong Support	PPM-DOTS site	Recommended to start PMTCT
3	Propride Higher Clinic	NGO clinic	Gyn /Obs & GP Nurse/ Midwife	0 2 ANC HCT PPC FP	60 600 1200	Strong Support	The project will phase out soon	Not recommended
4	Beteseb Memria Clinic (Saris)	NGO clinic	Gyn/ Obs & GP Nurse/ Midwife	3 9 ANC HCT PPC FP	400 (only new) 374 941	Strong Support		Recommended to start PMTCT
5	Karamara Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	3 4 ANC HCT PPC FP	240 600 600	Strong Support		Recommended to start PMTCT
6	St Mary Higher Clinic	Higher clinic	Gyn/ Obs & GP Nurse/ Midwife	3 6 ANC HCT PPC FP	- (No register) 922 148	Strong Support	PPM-DOTS site	Not recommended

As shown in the table, almost all facilities were willing to start the service. Some of the clinics offered HCT to ANC clients but most didn't report to the sub-city offices. The team observed that in the majority of the clinics, ANC clients and women delivering in these facilities didn't receive PMTCT services as a package. This is a missed opportunity and we recommend the region should give attention to these sites, and the selected sites should implement integrated PMTCT service immediately.

# ANNEX I. GENERAL INFORMATION

Assessment checklist to identify private facilities which fulfill requirement to initiate and sustain integrated PMTCT services.

## I.1. General Identifier

<b>Region</b>	
Town/City	
Sub-city and Kebele	
House number	
Name of the health facility	
Level of the health facility	
Facility start date (month and year)	
Does the facility have a valid license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## I.2. Staff profile:

Please fill the Table below

Discipline	Number Trained on											
	Total Number		PMTCT		HCT (VCT & PITC)		FP counseling and procedures		ART/ NCHCT		STI (syndromic mg't)	
	Full time	Part- time	Full time	Part- time	Full time	Part- time	Full time	Part- time	Full time	Part- time	Full time	Part- time
Obs/ Gynecologists												
General Practitioners												
Health Officers												
Midwives												
Nurses												
Health Assistants												
Lab Technicians												
Other (specify)												

I.3. How many of the following staffs (full-time) left the organization in the last six months?

1. Obstetrician/Gynecologists:\_\_\_\_\_

2. General Practitioners:\_\_\_\_\_

3. Midwives:\_\_\_\_\_

4. Nurses:\_\_\_\_\_

5. Lab. Technicians:\_\_\_\_\_

6. Health Assistants:\_\_\_\_\_

I.4. Is staff attrition a big challenge for this facility? ☐ Yes ☐ No

I.5. If yes,

Please state the reasons and any measures taken by clinics?

---

---

What has the clinic done to prevent staff attrition?

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# ANNEX II. INFRASTRUCTURE AND SERVICES AVAILABLE

## II.1. Services Available

Service	Availability
II.1. Antenatal Care Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
II.2. HIV Testing and Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No
II.3. Labor and Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
II.4. Postpartum Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
II.5. Laboratory service	<input type="checkbox"/> Yes (If yes which of the below services do you offer?) <input type="checkbox"/> No
Services <ul style="list-style-type: none"> <li>• Rapid HIV Test</li> <li>• HgB/HCT</li> <li>• VDRL/RRDT</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Equipment <ul style="list-style-type: none"> <li>• Microscope</li> <li>• Hematology auto-analyzer</li> <li>• Clinical chemistry auto-analyzer</li> <li>• CD4 counter machine</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
II.6. Do the above services have separate room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
II.7. Other HIV/AIDS related services <ul style="list-style-type: none"> <li>• TB-DOTS</li> <li>• TB/HIV</li> <li>• ART</li> <li>• STI</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

II.8. Does the facility have room dedicated for counseling with visual and auditory privacy?

☐ Yes ☐ No

# ANNEX III. LOGISTICS AND SUPPLIES

1. Are there HIV test kits?
  - ☐ Yes
  - ☐ No
2. Are there capillary tubes (Test tubes/vacutainer tubes)?
  - ☐ Yes
  - ☐ No
3. Are there Capillary tubes
  - ☐ Yes
  - ☐ No
4. Are there HIV infection prevention materials? ☐ Yes ☐ No  
 If yes, which ones? (Please check the box below)

Gloves Sterile Non-Sterile	<input type="checkbox"/>
Disposable syringes and needles,	<input type="checkbox"/>
Goggles	<input type="checkbox"/>
Plastic apron	<input type="checkbox"/>
Chlorine solution, detergents	<input type="checkbox"/>
Autoclave	<input type="checkbox"/>
Puncture-proof sharp disposal containers	<input type="checkbox"/>

4. Are there FP supplies in the health facility?
  - ☐ Yes
  - ☐ No
 If "Yes" please specify the type of supply:
  - OCP ☐
  - Emergency contraceptives ☐
  - Male condom ☐
  - Female condom ☐
  - Norplant (Implanol) ☐
  - IUCD ☐
  - Injectables (Depoprovera) ☐



5. Delivery equipment and supplies (Please check the boxes below if the equipment/supply is available)

- Delivery couch ☐
- Delivery set ☐
- Emergency drugs
  - Oxytocin ☐
  - Anticonvulsants ☐



# ANNEX IV. MANAGEMENT SUPPORT (CHECK THE SUPPORTS AVAILABLE)

1. Are the management/owner and staff in this facility willing to start PMTCT service?

☐ Yes

☐ No

Interviewers Comment: \_\_\_\_\_

\_\_\_\_\_

2. Is the management/owner ready to avail space and staff time to start PMTCT service?

☐ Yes

☐ No

Interviewers Comment: \_\_\_\_\_

\_\_\_\_\_

3. Does the facility release health service providers (staff) for training for 6 days?

☐ Yes

☐ No

4. In the past months, does the facility receive supportive supervision and feedback from RHB/sub-city or Woreda Health Offices?

☐ Yes

☐ No

5. Logistics and supply management?

☐ Yes

☐ No

6. Does the facility have referral and linkage system for labor and delivery services?

☐ Yes

☐ No

# ANNEX V. FACILITY OBSERVATION

1. Is there waiting area for group counseling and education for ANC clients?  
☐ Yes  
☐ No (Interviewer Comment): \_\_\_\_\_
2. What was the number of ANC attendees in the last six months \_\_\_\_\_
3. What was the number of deliveries attended in the last six months? \_\_\_\_\_
4. What was the number of HCT attendees in the last six months? \_\_\_\_\_
5. What was the average number of OPD attendants in the last six months? \_\_\_\_\_
6. What was the number of FP attendants in the last six months? \_\_\_\_\_
7. Is the ANC clinic well situated to keep the visual and auditory privacy of clients?  
☐ Yes  
☐ No (Comment): \_\_\_\_\_
8. Is the labor and delivery room well situated to keep the visual and auditory privacy of clients?  
☐ Yes  
☐ No (Comment): \_\_\_\_\_
9. Does the facility have a place to keep ARV drugs?  
☐ Yes  
☐ No (Comment): \_\_\_\_\_
10. Comment and recommendation by the health facility management on starting PMTCT service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Checklist Compiled by: _____ Signature: _____ Date: _____
-----------------------------------------------------------------